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State of Louisiana

Department of Health and Hospitals
Office of Aging and Adult Services

MEMORANDUM

TO: **All Nursing Facilities and Hospitals in Louisiana**

FROM: **Jerry Phillips**
Medicaid Director

Hugh Eley
Assistant Secretary, OAAS

DATE: **November 25, 2009**

SUBJECT: **New Nursing Facility Admission Process**
Pre Admission Screening and Resident Review

As a result of an audit of the Louisiana Pre Admission Screening and Resident Review (PASRR) process by the Center for Medicare and Medicaid Services (CMS) there will be significant changes to the nursing facility admissions process.

Anyone applying for admission into a nursing facility must be approved prior to the date of admission by Office of Aging and Adult Services (OAAS) and/or the appropriate Level II authority, Office of Mental Health (OMH) or Office for Citizens with Developmental Disabilities (OCDD). Medicaid will not allow retroactive payment for any stays prior to the date approval is issued. Effective January 1, 2010, the admission procedures are as outlined below.

The following two documents must be submitted to the OAAS prior to admission:

Level I PASRR (Pre-Admission Screening and Resident Review)

Anyone applying for admission into a Title XIX-certified facility must have a Level I PASRR, regardless of payor source. The Level I PASRR may be dated up to 30 days prior to the date of admission and must be signed by a physician licensed in Louisiana.

LOCET (Level of Care Eligibility Tool)

NOTE: If the applicant meets LOCET criteria only on Pathways 3, 4, or 5, a Statement of Medical Status (SMS) must also be submitted. If the facility is requesting payment at an enhanced rate (TDC, SNF/ID or NRTP), a SMS must be submitted.

If the individual meets nursing facility level of care and the Level I does not indicate a possible mental illness or MR/DD condition, OAAS will issue a LOCET Individual Summary Page (LISP), which acts as "prior approval" for admission.

Upon admission, the nursing facility will submit Form 148 to the local Medicaid office, preferably using the electronic version. Once the 148 is processed, OAAS will issue a Form 142 to the nursing facility and to the local Medicaid office which will indicate both:

- the date vendor payment can begin (which will be the date of admission), and
- the date of medical certification.

If the Level I indicates possible mental illness or MR/DD condition, OAAS will submit the triggered Level I and medical information received from the healthcare provider to the appropriate Level II authority for a final admission determination. Medicaid will not reimburse nursing facilities for individuals who have not completed the PASRR process.

When the Level I indicates possible Mental Illness

In order to avoid any delays the following documents; if available, should be submitted with the Level I to OAAS:

1. Comprehensive history and physical;
2. Comprehensive medication history;
3. Psychosocial evaluation; and
4. Comprehensive psychiatric evaluation

When the Level I indicates possible Mental Retardation/Developmental Disability

In order to avoid any delays, the following documents; if available, should submitted with the Level I to OAAS:

1. Medical history and current reports relevant to nursing home admission, including the documented medical reason for admission;
2. Psychological evaluation;
3. Plan of Care or Individual Support Plan;
4. Social History;
5. Psychiatric evaluation;
6. Medication History: and
   Other evaluations, if available such as: Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST), Nutrition, Vocational/Employment, Education, Medical Specialties (e.g., Neurology, Cardiology, Oncology, Gynecology, etc.)

The inclusion of the above documents will expedite the final decision by the Level II authorities. No one can be admitted into a Nursing Facility without completing the PASRR process.

If OMH or OCDD, the Level II authorities, determine the applicant meets Level of Care, OAAS will issue a LISP. Once the applicant is admitted, a 142 will be issued to the admitting facility and the local Medicaid office. If the Level II authorities determine the applicant does not meet nursing home level of care, the respective authority will make a recommendation for alternative placement. Individuals have the right to appeal the PASRR determination.

Once a person has been approved for nursing facility admission, any changes in payor source will be submitted to the local Medicaid office via 148. *e.g.*, private pay to Medicaid.

If there is a break in stay, *e.g.*, discharge from the nursing facility, the admission application process *must* start again. This would be considered a re-admission, requiring a LOCET and a new Level I.

Time Limited Approval for Medical Certification:

Temporary Pathways of Eligibility on the LOCET:

- **Pathway 3-Physician Involvement**
- **Pathway 4: Treatments and Conditions**
- **Pathway 5: Skilled Rehabilitation Therapies**

If a time limited medical approval is granted upon admission, the NF must submit a new LOCET and a new SMS prior to the ending date of the time limit allocation. In order to ensure no interruption in continuation of care and payment, please submit at least 5 working days in advance of the ending date.

TDC, SNF/ID and NRTP:

If a time limited approval is granted upon admission, the NF must submit a new SMS and Form 148 for review. A new LOCET is not required. A 142 will be issued for the continued care dates. To ensure no interruption in continuation of care and payment, please submit at least 5 working days in advance of the ending date.

Information submitted to OAAS after the ending date allocation will be considered a new admit with a new LOCET and 148 required. If approved, care will continue from the date of receipt of the required information.

Exempted Hospital Discharge (CFR 483.106):

1) If an individual is admitted into a NF directly from receiving acute inpatient services and requires NF care for the condition for which he or she received acute care services, the attending physician must certify prior to admission into the NF, that the individual is likely to require less than 30 days of NF care.
2) If an individual is admitted under the "Exempted Hospital Discharge" and requires more than 30 days of nursing facility care, it is the responsibility of the nursing facility to contact the appropriate Level II authority in sufficient time so that the Level II Authority may conduct an annual Resident Review within 40 calendar days of admission. OAAS will issue a 142 for 40 days from the date of admission. Thereafter, if approved for continued care as determined by the Level II authority, an updated 142 will be issued to the local Medicaid office and nursing facility.

Time Limited Approval under PASRR Determination Criteria by the Level II Authorities: (CFR 483.130 – 483.136).

Advanced Group Determination: either individually or by category

- Group determinations by category as developed by the Level II Authorities. (Time Limits. The Level II authority may specify time limits for categorical determinations that NF is needed. (e.g. Provisional admissions).
- The State's PASRR systems must maintain records of evaluations and determinations regardless of whether they are performed categorically or individually, in order to support its determinations and actions to protect the appeal rights of individuals subjected to PASRR. The State PASRR must establish and maintain a tracking system for all individuals with MI or MR in NFs.
- If approved for a Categorical, time limited, approval, requests to extend the Categorical approval should be made directly to the appropriate Level II Authority (i.e., OCDD, OMH). To ensure no interruption in continuation of care and payment, please submit as far in advance as possible prior to the ending date.

Significant Change/Resident Review

The nursing facility is responsible for reporting any significant change in the resident's condition to OMH and/or OCDD.

A significant change occurs when there is a physical or mental change in the condition of a resident who has mental illness or mental retardation/related disorder. This condition would not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions. This change would have an impact on more than one area of the resident's health status and would require interdisciplinary review or revision of the plan of care, or both. If it has been determined a significant change has occurred in an individual with mental illness and/or mental retardation, please submit to the respective office (OMH or OCDD) the information outlined above for either mental illness and/or mental retardation. In this information, please note that it is for a Resident Review.

The OMH/OCDD staff will review the information, decide if a more detailed evaluation is in order and will notify the nursing facility if a continued nursing facility stay is appropriate for the individual. In cases where the individual is determined appropriate for continued nursing facility stay, a determination will be made if specialized services should be offered to the individual. Individuals not determined to be appropriate for continued nursing facility care will be referred to other community programs.

Medicaid will not reimburse nursing facilities when the PASRR determines the individual is not appropriate for nursing facility care.

If you have any questions, please see attached list for contact information.

cc: Office of Aging and Adult Services
Office of Mental Health
Office for Citizens for Developmental Disabilities